

## STATEMENT OF ELIGIBILITY

### Department of Natural Resources Student Intern Program

**The following must be signed by your school counselor or advisor prior to your appointment as a student intern:**

I, \_\_\_\_\_ (instructor or registrar), certify that \_\_\_\_\_ (student) is enrolled full-time and in good standing at our institution. I recommend the student's participation in the Department of Natural Resources Intern Program.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Instructor or Registrar Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Institution

\_\_\_\_\_  
Date

**Please return to:**

Department of Natural Resources  
Trevor Fulton, Intern Program Coordinator  
550 W. 7<sup>th</sup> Avenue, Suite 1400  
Anchorage, AK 99501  
[dnr.interncoordinator@alaska.gov](mailto:dnr.interncoordinator@alaska.gov)

